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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. **Kurt Gamnig** 0 8 2004 28051 Chapulin Mission Viejo, CA 92692 11/09/2004 ZJUHAR2 00000098 10761052 G (Depositor's name 01 FC:2501 (Signature 685.00 OP (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/761,052 01/20/2004 **Kurt Gamnig** 1164 TITLE OF INVENTION: COMPUTER SIMULATION CONTROL FRAME APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE YES nonprovisional \$685 \$0 \$685 02/01/2005 **EXAMINER** ART UNIT CLASS-SUBCLASS FERNSTROM, KURT 3714 434-045000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 📮 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Advance Order - # of Copies _ 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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Authorized Signature Typed or printed name Date 11-05-2004

Registration No.

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Application Number 10/761,052

TRANSMITTAL
FORM
First Named Inventor Kurt Gamnig

Art Unit 3714

Fernstrom Kurt

Examiner Name

Attorney Docket Number

Total Number	or Pages in This Submission									
ENCLOSURES (Check all that apply)										
Amend Extens: Expres: Informa Certifie Docum Respor Incomp	Response to Missing Parts Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNA Kurt Gamnig	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks Fee Transmittal Part B Fees Transmittal	After Al to Tech Appeal of Appeal A	Enclosure(s) (please below):						
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the date shown	ge as first class mail in an en below.	eing facsimile transmitted to the USPTO or deposit velope addressed to: Commissioner for Patents, P.	ted with the Unite O. Box 1450, Al	ed States Postal Service with exandria, VA 22313-1450 on						
Typed or printed name Kurt Gamnig										
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Description of information unless it displays a valid OMB control number. Complete if Known FEE TRANSMITTAL 10/761,052 **Application Number** 01/20/2004 Filing Date for FY 2005 First Named Inventor Kurt Gamnig Effective 10/01/2004. Patent fees are subject to annual revision. **Examiner Name** Fernstrom Kurt Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3714 (\$) 700 **TOTAL AMOUNT OF PAYMENT** Attorney Docket No. METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Money Order Other 3. ADDITIONAL FEES None Large Entity LSmall Entity Deposit Account: Fee Fee **Fee Description** Deposit Code (\$) Code Fee Paid Account 1051 130 2051 Number 65 Surcharge - late filing fee or oath Deposit Surcharge - late provisional filing fee or 1052 50 2052 Account cover sheet Name 1053 130 1053 130 Non-English specification The Director is authorized to: (check all that apply) 1812 2,520 For filing a request for ex parte reexamination 1812 2,520 Credit any overpayments Charge fee(s) indicated below 1804 9201 1804 920* Requesting publication of SIR prior to Charge any additional fee(s) or any underpayment of fee(s) Examiner action

to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	ļ	
1. BASIC FILING FEE	1252	430	2252	215	Extension for reply within second month		
Large Entity Small Entity	!	1253	980	2253	490	Extension for reply within third month	ļ
Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid	1254	1,530	2254	765	Extension for reply within fourth month	
1001 790 2001 395 Utility filing fee	,	1255	2,080	2255	1,040	Extension for reply within fifth month	
1002 350 2002 175 Design filing fee		1401	340	2401	170	Notice of Appeal	
1003 550 2003 275 Plant filing fee		1402	340	2402	170	Filing a brief in support of an appeal	
1004 790 2004 395 Reissue filing fee		1403	300	2403	150	Request for oral hearing	
1005 160 2005 80 Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)		1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1,370	2453	685	Petition to revive - unintentional	
Fee fr	rom	1501	1,370	2501	685	Utility issue fee (or reissue)	685
Total Claims Extra Claims belo	w Fee Paid	1502	490	2502		Design issue fee	
Independent	╡┋┈┈┤/	1503	660	2503			
Claims - 3 - 3 - 1 - 1 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	╡╠━━╣	1460	130	1460		Petitions to the Commissioner	
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Fee Fee Fee Fee Description		1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 2		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
		1809	790	2809		Filing a submission after final rejection	
						(37 CFR 1.129(a))	
		1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1204 88 2204 44 ** Reissue independe over original patent		1801	790	2801	395	Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in e and over original pa		1802	900	1802	900	•	

(Complete (if applicable)) Registration No. Name (Print/Type) **Kurt Gamnig** Telephone 949-859-3668 Attorney/Agent) Signature Date 11/05/2004

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